

Exhibit 3

The Providence Health Group

12/1/2018 Renewal

September 13, 2018



Meeting Agenda

- ▶ Renewal Dates
 - ▶ 12/1/2017-8/31/2018 Medical and Rx Claim Review
 - ▶ 12/1/2018 Medical Renewal
 - Leading Edge ASO & Stop-Loss Renewal
 - Reliance Standard Renewal
 - ▶ 12/1/2018 Non-Medical Marketing Analysis
 - ▶ 12/1/2018 Dental Claims and Renewal
- ▶ Items of Discussion
 - Meridio and Employee Navigator
 - Auto and Property Insurance
 - Open Enrollment Timeline



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Renewal Dates

Carrier Vendor	Line of Coverage	Renewal Date
Leading Edge	Medical	12/1/2018
Reliance Standard	Medical	12/1/2018
UHC	Voluntary Dental	12/1/2018
UHC	Voluntary Vision	12/1/2020
UHC	Basic Life and AD&D	12/1/2019
UHC	Disability (Long and Short Term)	12/1/2019



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Medical and Rx Claims Review

Total Costs – 12/1/2017 – 8/31/2018

Paid Month	Enrolled	Single	Fam	M+S	M+C	Stop-loss Prem	Admin	Total Fixed Cost	Med Claims	Rx Claims	Specific Sl Claims	Total Net Claims	Total Cost
12/1/2017	167	142	5	10	10	\$25,885	\$13,444	\$39,329	\$0	\$10,303	\$0	\$10,303	\$49,632
1/1/2018	254	203	14	17	20	\$41,742	\$20,447	\$62,189	\$1,489	\$14,864	\$0	\$16,352	\$78,541
2/1/2018	252	203	13	17	19	\$41,121	\$20,286	\$61,407	\$37,390	\$13,134	\$0	\$50,524	\$111,931
3/1/2018	241	194	11	16	20	\$39,351	\$19,401	\$58,752	\$41,198	\$18,615	\$0	\$59,812	\$118,564
4/1/2018	240	190	13	16	21	\$39,772	\$19,240	\$59,012	\$35,176	\$21,939	\$0	\$57,115	\$116,127
5/1/2018	239	190	13	18	18	\$39,462	\$19,159	\$58,621	\$16,877	\$20,566	\$0	\$37,443	\$96,064
6/1/2018	232	182	14	18	18	\$38,751	\$18,596	\$57,346	\$238,534	\$24,233	\$115,417	\$147,350	\$204,697
7/1/2018	235	185	12	19	19	\$39,134	\$18,837	\$57,971	\$23,237	\$21,427	\$505	\$44,159	\$102,129
8/1/2018	229	178	13	18	20	\$38,551	\$18,354	\$56,905	\$95,209	\$32,814	\$1,521	\$126,502	\$183,407
Total	2089	1667	108	149	165	\$343,769	\$167,762	\$511,531	\$489,110	\$177,895	\$117,444	\$549,562	\$1,061,092

Total costs (claims and fixed costs) have totaled \$508 PEPM



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Current Costs vs. Fully Insured – 12/2017 – 8/2018

9 Months Performance Review

	Est'd Fully Insured Renewal	Current Amount
Admin/Broker		\$167,762
Stoploss Premium		\$343,769
Total Fixed Cost		\$511,531
Claims Spend		\$549,562
Total	\$1,275,146	\$1,061,092

Providence Group has saved an estimated 17% under the current medical funding arrangement compared to staying fully insured for the 2017-18 plan year

Over 9 months

Est'd Renewal Cost	\$1,275,146
Current Total Cost	\$1,061,092
Difference	\$214,053
Est'd Saving Percent	17%



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Large Claimants – 12/2017 – 8/2018

Member	Gender	Relation	Status	Employer Name	Diag Description	Paid Claims
1	F	E	Active	Harbor Healthcare Of Ironton	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	\$ 192,443.59
2	F	E	Active	Fairhaven Opco Dba Madison Park	UNSPECIFIED, OVARIAN CYST, RIGHT SIDE	\$ 31,658.20
3	M	H	Active	Opco Swannanoa NC, Llc	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	\$ 24,348.55
4	F	E	Active	Karmanta Center, Llc	MALIGNANT NEOPLASM OF RIGHT FEMALE BREAST	\$ 18,179.14
5	F	E	Active	Angels For The Elderly	INGROWING NAIL	\$ 16,993.29
6	F	E	Active	Karmanta Center, Llc	CENTRAL RETINAL VEIN OCCLS, RT EYE W MACEDEMA	\$ 16,040.80
7	F	E	Active	Bethel Center, Llc	ENDOMETRIOSIS OF UTERUS	\$ 15,972.52
8	F	E	Active	Angels For The Elderly	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	\$ 15,437.62
9	F	E	Active	Harbor Healthcare Of Ironton	AGE-RELATED NUCLEAR CATARACT, BILATERAL	\$ 14,247.46
10	F	E	Active	Harbor Healthcare Of Ironton	CHEST PAIN, UNSPECIFIED	\$ 13,426.05
11	F	E	Active	Opco Swannanoa NC, Llc	MISSED ABORTION	\$ 12,672.74
12	F	E	Active	Harbor Healthcare Of Ironton	PNEUMONIA, UNSPECIFIED ORGANISM	\$ 11,892.57
Total						\$ 383,312.53

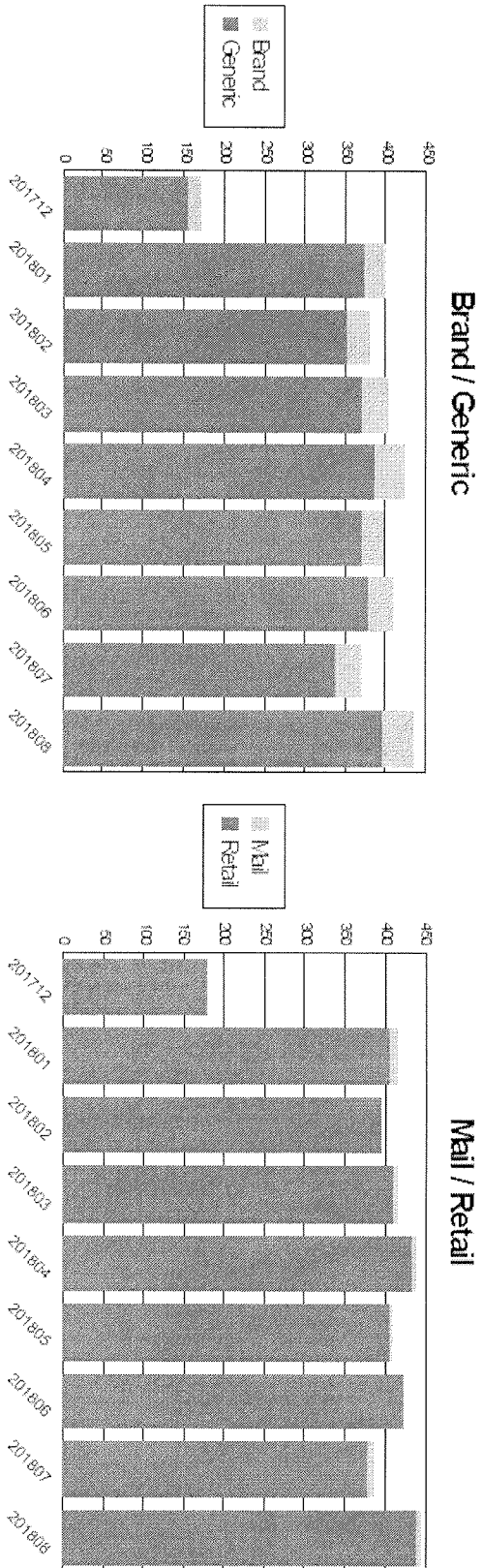
These large claimants have accounted for 57.5% of gross claims during the plan year



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Magellan Rx – Utilization



	2017		2018								Total
	December	January	February	March	April	May	June	July	August		
# Rx Paid	177	413	393	414	437	410	423	386	444	3,497	
# Rx PMPM	0.84	1.20	1.15	1.20	1.26	1.18	1.29	1.20	1.35	10.68	
# Rx PEPM	105	155	153	160	171	162	177	162	187	1431	
# Controlled Substance	17	36	31	35	37	49	53	38	47	343	
% Controlled Substance	9.60%	8.72%	7.89%	8.45%	8.47%	11.95%	12.53%	9.84%	10.59%	88.04	
# Generic	157	374	353	373	388	373	379	341	397	3,135	
% Generic	88.70%	90.56%	89.82%	90.10%	88.79%	90.98%	89.60%	88.34%	89.41%	806.29	
# Single Source	14	25	27	30	36	23	30	29	36	250	
% Single Source	7.91%	6.05%	6.87%	7.25%	8.24%	5.61%	7.09%	7.51%	8.11%	64.64	
# DAW	1	3	3	2	2	1	2	2	3	19	
% DAW	0.56%	0.73%	0.76%	0.48%	0.46%	0.24%	0.47%	0.52%	0.68%	4.91	
# Mail Order	0	5	0	3	4	3	0	7	5	27	
% Mail Order	0.00%	1.21%	0.00%	0.72%	0.92%	0.73%	0.00%	1.81%	1.13%	6.52	



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Magellan Rx – Rolling Monthly Averages

Utilization

	Average
# Rx Paid	388.56
# Rx PMPM	1.19
# Rx PEPM	1.59
# Controlled Substance	38.11
% Controlled Substance	9.78
% Generic	348.33
% Single Source	89.59
# Single Source	27.78
% DAW	7.18
# DAW	2.11
% DAW	0.55
# Mail Order	3.00
% Mail Order	0.72

Costs

	Average
Total Cost	\$25,566.42
Plan Paid	\$19,750.85
Total Copay	\$5,815.57
Total Cost Per Rx	\$65.68
Plan Paid Per Rx	\$50.99
Plan Paid PMPM	\$60.81
Plan Paid PEPM	\$81.76
Copay Per Rx	\$14.69
Copay PEPM	\$23.85
Members Presenting	\$160.83

Enrollment

	Average
Enrolled Employees	241.67
Enrolled Members	323.56
Members Per Employee	1.34
# of Members Presenting	123.22
% Members Presenting	37.74

Specialty

	Average
Plan Paid	\$2,817.18
Total Copay	\$688.27
# Of Members	1.33
# Specialty Rx	1.78
% Total Paid	14.26



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12/1/2018 Medical Renewal

Stop-Loss Contracts

Stop-loss contracts are VERY specific about which claims are covered under the policy. The contract will only cover claims that were incurred and paid within the stated period. If a claim is incurred or paid outside the stated period in the contract, the claim will not be covered.

12 / 12
Incurred Length Paid Length

In a 12/12 contract, a claim is only covered if it is incurred within a 12 month contract, and paid within the same within the same 12 months.

15 / 12
Incurred Length Paid Length

A 15/12 contract covers claims paid during the new plan year that were incurred during the prior 3 months.

24+ / 12
Incurred Length Paid Length

A 24/12 contract covers claims paid during the new plan year that were incurred during the prior 12 months.

When first moving to a self-funded model, a 12/12 contract is used. In the second year, either a 15/12 or 24/12 contract is used to insure that claims paid prior to the new plan year are covered under the stop loss agreement.



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2018-19 Medical Renewal Overview – Fixed Costs

Plan Administration (ASO)		Current 2017-18 Plan Year	Renewal 15/12 \$75,000	Renewal 24/12 \$75,000	Renewal 15/12 \$100,000
Enrolled Population (Medical)	229	229	229	229	229
Administration Network	Leading Edge Cigna Magellan	Leading Edge Cigna Magellan	Leading Edge Cigna Magellan	Leading Edge Cigna Magellan	Leading Edge Cigna Magellan
Rx	\$80.50	\$81.50	\$81.50	\$81.50	\$81.50
Total Composite ASO Fees (PEPM)	\$221,214	\$223,962	\$223,962	\$223,962	\$223,962
Annual Administration Totals (\$)					
- Admin Percentage (%) Difference	N/A	1.2%	1.2%	1.2%	1.2%
Stop Loss Re-insurance	Current 2017-18 Plan Year	Renewal 15/12 \$75,000	Renewal 24/12 \$75,000	Renewal 15/12 \$100,000	
Specific Stop Loss	US Fire Insurance Company	US Fire Insurance Company	US Fire Insurance Company	US Fire Insurance Company	US Fire Insurance Company
- Stop Loss Contract (Incurred/Paid Months)	12/12	15/12	24/12	15/12	
- Specific Stop Loss Deductible	\$75,000	\$75,000	\$75,000	\$100,000	
- Specific Benefit Applies to:	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	
Specific Stop Loss Rate (PEPM)	\$156.94	\$184.98	\$192.19	\$144.95	
Aggregate Stop Loss Premium PEPM	\$11.40	\$9.18	\$9.43	\$11.20	
Annual Stop Loss Totals (\$)	\$462,598	\$533,552	\$554,052	\$429,100	
- SSL Percentage (%) Difference	N/A	15.3%	19.8%	-7.2%	
Fixed Costs Totals	Current 2017-18 Plan Year	Renewal 15/12 \$75,000	Renewal 24/12 \$75,000	Renewal 15/12 \$100,000	
- Annual Fixed Cost	\$683,812	\$757,514	\$778,014	\$653,062	
- PEPM Fixed Cost	\$248.84	\$275.66	\$283.12	\$237.65	
- Percentage (%) Difference	N/A	10.8%	13.8%	-4.5%	



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2018-19 Medical Renewal Overview – Claim Liability

Attachment Factors	Current 2017-18 Plan Year	Renewal 15/12 \$75,000	Renewal 24/12 \$75,000	Renewal 15/12 \$100,000
- Attachment Corridor	125%	125%	125%	125%
- Expected Claims (PEPM)	\$303.70	\$315.48	\$386.23	\$333.71
- Maximum Claims (PEPM)	\$379.63	\$394.34	\$482.79	\$417.14
- Expected Claims Liability	\$834,572	\$1,025,067	\$1,061,372	\$1,084,330
- Maximum Claims Liability	\$1,043,215	\$1,281,334	\$1,326,715	\$1,355,412
Total Expected Liability	\$1,518,384	\$1,782,581	\$1,839,386	\$1,737,392
Total Maximum Liability	\$1,727,027	\$2,038,848	\$2,104,729	\$2,008,474
% Increase from Current (expected)	--	17.4%	21.1%	14.4%
% Increase from Current (Maximum)	--	18.1%	21.9%	16.3%

Expected claims are projected to increase by 17.4% if Providence retains a \$75,000 stop loss deductible based on a 15/12 contract.



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12/1/2018 Marketing Analysis

12/1/2018 Non-Medical Marketing Analysis

Dental Carriers Approached		Result	Annual Premiums
United Health Care	Incumbent - Current	\$106,302	
United Health Care	Incumbent - Renewal	\$106,302	
United Health Care	Negotiated - Renewal	\$95,677	
Guardian	Shown in Proposal	\$96,679	
Principal - Stand Alone Rates	Shown in Proposal	\$155,097	
Principal - Packaged Sale Rates	Shown in Proposal	\$147,348	
Lincoln Financial	Declined to Quote - Not Competitive		
Unum	Declined to Quote - Not Competitive		
Life & Disability Carriers Approached		Result	Annual Premiums
United Health Care	Under Rate Guarantee	\$59,634	
United Health Care	Negotiated Renewal	\$55,312	
Guardian	Shown in Proposal	\$50,855	
Principal - Stand Alone Rates	Shown in Proposal	\$49,259	
Principal - Packaged Sale Rates	Shown in Proposal	\$46,537	
Lincoln Financial	Declined to Quote - Not Competitive		
Unum	Declined to Quote - Not Competitive		
Vision Carriers Approached		Result	Annual Premiums
United Health Care	Under Rate Guarantee	\$19,256	
Guardian	Shown in Proposal	\$23,481	
Principal - Stand Alone Rates	Shown in Proposal	\$28,273	
Principal - Packaged Sale Rates	Shown in Proposal	\$28,273	
Lincoln Financial	Declined to Quote - Not Competitive		
Unum	Declined to Quote - Not Competitive		

UHC is offering a \$5,000 implementation credit. The credit will be sent via check following 12/1 renewal



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Non-Medical Marketing - Dental

United Health Care				Alternative Carrier Options			
PPO	Current	Renewal	Negotiated Renewal	Guardian	Principal	Principal	
Rate Guarantee		1 Year (Until 11/30/2019)	1 Year (Until 11/30/2019)	2 Years (Until 11/30/2020)	1 Year (Until 11/30/2019)	1 Year (Until 11/30/2019)	
Employee	132	\$29.72	\$29.72	\$26.75	\$27.03	\$43.25	\$41.09
Employee + Spouse	31	\$59.42	\$59.42	\$53.48	\$54.04	\$81.49	\$77.41
Employee + Child(ren)	20	\$60.43	\$60.43	\$54.39	\$54.96	\$95.01	\$90.27
Family	<u>20</u>	<u>\$94.24</u>	<u>\$94.24</u>	<u>\$84.82</u>	<u>\$85.71</u>	<u>\$139.47</u>	<u>\$132.50</u>
Monthly Total	203	\$8,858	\$8,858	\$7,973	\$8,057	\$12,925	\$12,279
Annual Totals		\$106,302	\$106,302	\$95,677	\$96,679	\$155,097	\$147,348
Annual Cost Variance from Current		\$0	(\$10,625)	(\$9,622)	\$48,796	\$41,046	
Annual Cost Variance from Renewal				(\$9,622)	\$48,796	\$41,046	
PPO	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Individual Annual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	
Family Annual Deductible	\$150	\$150	\$150	\$150	\$150	\$150	
Preventive (Plan Member)	100/0	100/0	100/0	100/0	100/0	100/0	
Basic (Plan Member)	80/20	80/20	80/20	80/20	80/20	80/20	
Major (Plan Member)	50/50	50/50	50/50	50/50	50/50	50/50	
Endodontics	Major	Major	Major	Major	Major	Major	
Periodontics (Surgical)	Major	Major	Major	Major	Major	Major	
Annual Maximum	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	
Reasonable & Customary	90th Percentile		90th Percentile		80th Percentile		
Dental Participation Requirements	VOLUNTARY - 31% Participation		VOLUNTARY - 31% Participation		VOLUNTARY - 20% Participation		



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Non-Medical Marketing - Vision

PPO	United Health Care		Alternative Carrier Options	
	Current	Guardian	Principal	Principal
Rate Guarantee	1 Year (Until 11/30/2019)	2 Years (Until 11/30/2020)	1 Year (Until 11/30/2019)	1 Year (Until 11/30/2019)
Employee	127			
Employee + Spouse	31			
Employee + Child(ren)	17			
Family	17			
Monthly Total	192			
Annual Totals				
Annual Cost Variance from Current	\$19,256	\$23,481	\$28,273	\$28,273
		\$4,226	\$9,018	\$9,018
PPO	In-Network		Out-of-Network	
	Service Frequency	Service Frequency	Service Frequency	Service Frequency
Eye Exam	Once Every 12 Months	Once Every 12 Months	Once Every 12 Months	Once Every 12 Months
Lenses/Contacts	Once Every 12 Months	Once Every 12 Months	Once Every 12 Months	Once Every 12 Months
Frames	Once Every 24 Months	Once Every 24 Months	Once Every 24 Months	Once Every 24 Months
Services & Materials				
Eye Exam	Copay	Copay	Copay	Copay
Single Vision Lenses	\$10	Up to \$59	\$10	Up to \$45
Bifocal Lenses	\$25	Up to \$30	\$25	Up to \$30
Tritocal Lenses	\$25	Up to \$60	\$25	Up to \$50
Progressive Lenses	\$25	Up to \$65	\$25	Up to \$65
Contacts (Allowance)	\$130	Up to \$120	\$150	Up to \$105
Frames (Allowance)	\$130	Up to \$70	\$150	Up to \$70
Additional Benefits				
Participation Requirement	Voluntary	Voluntary	Voluntary	Voluntary



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Non-Medical Marketing – Life and Disability

Life & AD&D		United Health Care		Alternative Carrier Options	
Rate Guarantee	Benefit Amounts	Current	Negotiated (2019)	Guardian	Principal
Class 1: All Management Employees	1xSalary to \$200,000	1xSalary to \$200,000	1xSalary to \$200,000	1xSalary to \$200,000	1xSalary to \$200,000
Class 2: All Other FT Employees	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Guaranteed Issue Amount	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
AD&D Benefit Amount	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit
Age Reduction Benefit Schedule	65%	65%	65%	65%	65%
Age 65: Benefit Reduces To	50%	50%	50%	50%	50%
Age 70: Benefit Reduces To	\$18,010,000	\$18,010,000	\$18,010,000	\$18,085,250	\$18,085,250
Volume	\$0,140	\$0,120	\$0,120	\$0,129	\$0,122
Life Rate per \$1,000	\$0,020	\$0,020	\$0,020	\$0,015	\$0,015
AD&D Rate per \$1,000	\$2,882	\$2,521	\$2,521	\$2,604	\$2,478
Total Monthly Life & AD&D					
Short Term Disability		Current		Guardian	
Rate Guarantee	Benefit Percentage	1 Year (Until 11/30/2019)	1 Year (Until 11/30/2019)	2 Years (Until 11/30/2020)	2 Years (Until 11/30/2020)
Class 1: All Management Employees	60%	60%	60%	60%	60%
Benefit Percentage	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Maximum Weekly Benefit	Residual	Residual	Residual	Residual	Residual
Definition of Disability	0 Days (1st Day Benefit)	0 Days (1st Day Benefit)	0 Days (1st Day Benefit)	0 Days (1st Day Benefit)	0 Days (1st Day Benefit)
Elimination Period	7 Days (8th Day Benefit)	7 Days (8th Day Benefit)	7 Days (8th Day Benefit)	7 Days (8th Day Benefit)	7 Days (8th Day Benefit)
Accident: Benefits Begin On	13 Weeks	13 Weeks	13 Weeks	13 Weeks	13 Weeks
Sickness: Benefits Begin On	\$27,667	\$27,667	\$27,667	\$28,914	\$28,914
Duration of Benefits	\$0,40	\$0,40	\$0,40	\$0,27	\$0,25
Cost of Coverage Paid By	\$1,107	\$1,107	\$1,107	\$781	\$723
Volume					
Rate per \$10 of benefit					
Total Monthly STD Cost					
Long Term Disability		Current		Guardian	
Rate Guarantee	Benefit Percentage	1 Year (Until 11/30/2019)	1 Year (Until 11/30/2019)	2 Years (Until 11/30/2020)	2 Years (Until 11/30/2020)
Class 1: All Management Employees	60%	60%	60%	60%	60%
Benefit Percentage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Maximum Monthly Benefit	2 Year Residual	2 Year Residual	2 Year Residual	2 Year Residual	2 Year Residual
Guarantee Issue (if applicable)	Employer	Employer	Employer	Employer	Employer
Definition of Disability	90 Days	90 Days	90 Days	90 Days	90 Days
Cost of Coverage Paid By	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Elimination Period	3/12	3/12	3/12	3/12	3/12
Duration of Benefits	\$202,731	\$202,731	\$202,731	\$211,746	\$211,746
Pre-Existing Condition	\$0,484	\$0,484	\$0,484	\$0,340	\$0,320
Covered Payroll	\$981	\$981	\$981	\$831	\$720
Rate per \$100 of payroll					
Total Monthly LTD Cost					
Combined Monthly Cost	\$4,969	\$4,609	\$4,238	\$4,105	\$3,878
Combined Annual Cost	\$59,634	\$55,312	\$50,855	\$49,259	\$46,537
Annual Cost Variance from Current	--	(\$4,322)	(\$8,779)	(\$10,375)	(\$13,097)
Annual Cost Variance from Renewal		(\$4,322)	(\$8,779)	(\$10,375)	(\$13,097)

To be competitive with Guardian's proposal, UHC is offering a \$5,000 implementation credit. This credit will be in the form of a check paid to Providence after 12/1/2018



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12/1/2018 Dental Renewal

Dental Premium vs Claims – 12/1/2017 – 8/31/2018

Business Category	Incurred Date	Subscribers	Insured Dependents	Members	Collected Revenue	Incurred Claim (includes IBNR)	Ratio
PPO	12/2017	157	75	232	\$6,218	\$1,306	21.0%
PPO	01/2018	248	145	393	\$10,472	\$4,583	43.8%
PPO	02/2018	245	140	385	\$10,293	\$5,369	52.2%
PPO	03/2018	238	141	379	\$10,051	\$4,831	48.1%
PPO	04/2018	236	138	374	\$9,936	\$6,166	62.1%
PPO	05/2018	237	128	365	\$9,930	\$4,685	47.2%
PPO	06/2018	230	123	353	\$9,568	\$8,768	91.6%
PPO	07/2018	221	119	340	\$9,240	\$5,401	58.5%
PPO Total		1,812	1,009	2,821	\$75,709	\$41,110	54.3%



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12/1/2018 Dental Renewal

Initially, UHC's dental renewal called for a rate pass. GCG leveraged Guardian's proposal with UHC, resulting in a 10% decrease off current rates.

	<i>United Health Care</i>			
	PPO	Current	Renewal	Negotiated Renewal
			1 Year (Until 11/30/2019)	1 Year (Until 11/30/2019)
Rate Guarantee				
Employee	132	\$29.72	\$29.72	\$26.75
Employee + Spouse	31	\$59.42	\$59.42	\$53.48
Employee + Child(ren)	20	\$60.43	\$60.43	\$54.39
Family	<u>20</u>	<u>\$94.24</u>	<u>\$94.24</u>	<u>\$84.82</u>
Monthly Total	203	\$8,858	\$8,858	\$7,973
Annual Totals		\$106,302	\$106,302	\$95,677
Annual Cost Variance from Current			\$0	(\$10,625)
Annual Cost Variance from Renewal				(\$9,622)
				\$96,679
				(\$9,622)
				(\$9,622)
				\$8,057
				\$27.03
				\$54.04
				\$54.96
				<u>\$85.71</u>
				2 Years (Until 11/30/2020)
				\$96,679
				(\$9,622)
				(\$9,622)



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Items of Discussion

Meridio and Employee Navigator

For 12/1/2018, GCG recommends Providence replace BPA with a new enrollment company, Meridio. Meridio will enter benefit elections through Employee Navigator, eliminating the need for each Providence location to enter elections through carrier portals.

Through Employee Navigator, file feeds can be sent to Leading Edge, UHC and Reliance. Each carrier has agreed to waive fees for setting up the file feeds. As a result, costs will be limited to a per employee per month of \$0.45.

Based on current life enrollment of 656 employees, this would result in total monthly fees of \$295.20 (656 x \$0.45), and annual fees of \$3,542.



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Personal Auto and Property

Through MetLife, Providence can offer employee-paid Auto and Home Insurance. This coverage would be effective on 10/1/2018. Employees typically realize savings of up to 20% depending on their coverage.

Below are highlights of this coverage”

- Competitive Group Discounts
- Payroll Deduction Discounts
- Coverage can include Boat, Flood, Renter's and Condo Insurance
- A \$50 benefit may be used towards insured's deductible for claim-free driving

MetLife will market this coverage through direct mail and email campaigns. Notices will be sent to each employee up to 4 times/year.

New Hires will be notified of this coverage by Meridio. Meridio will not enroll employees, but provide information on how to contact MetLife to enroll.



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Open Enrollment Timeline

Providence Health Group	
Open Enrollment Period -	
(The week of Oct. 22 is not available for OE)	
Renewal Planning Milestones	Deadline
GCG Delivers Renewal to Providence	9/13/2018
Providence to Finalize Renewal Decisions	9/21/2018
GCG notifies carriers of renewal decisions and requests SBC's	9/25/2018
GCG sends updated Employee Benefit Handouts to Providence	9/28/2018
Providence announces dates of Open Enrollment	10/1/2018
GCG to send to Providence Annual Notices	10/1/2018
GCG to send final SBC's to Providence	10/10/2018
Providence sends reminder that Open Enrollment will begin on Monday	10/12/2018
Providence sends reminder that Open Enrollment will end on Friday	10/19/2018
Final Day for Providence to process Open Enrollment Changes	10/24/2018
Deadline for carriers to receive Open Enrollment changes	11/5/2018
New Plan Year begins	12/1/2018



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Appendix

Medical Plan Designs

CURRENT PLAN DESIGNS	PPO	HSA
IN-NETWORK	Individual / Family	Individual / Family
Deductible	\$2,500 / \$7,500	\$5,000 / \$10,000
Out of Pocket Maximum	\$6,600 / \$13,200	\$6,600 / \$13,200
Coinsurance	30%	20%
Preventive Care	No Charge	No Charge
Physician Copay	\$30	<i>subj to ded and coins</i>
Specialist Copay	\$60	<i>subj to ded and coins</i>
Hospital Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Outpatient Surgery Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Adv Radiology Imaging Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Urgent Care Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Emergency Room Copay	\$250	<i>subj to ded and coins</i>
OUT-OF-NETWORK		
Deductible	\$5,000 / \$15,000	\$10,000 / \$20,000
Out of Pocket (Incl. Ded.)	\$13,200 / \$26,400	\$20,000 / \$40,000
Coinsurance	50%	30%
Physician Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Specialist Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
RX		
Deductible	N/A	<i>subj to ded and coins</i>
Tier 1 / Tier 2 / Tier 3	\$15 / \$30 / \$45	N/A
Mail Order (90 day supply)	3x copay	N/A



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Dental Plan Design

Diagnostic Service
Periodic Oral Evaluation
Radiographs
Lab and Other Diagnostic Tests
Preventive Services
Dental Prophylaxis (Cleaning)
Fluoride Treatment
Sealants
Space Maintainers
Basic Services
Restorations (Amalgams or Composite)*
Emergency Treatment/General Services
Simple Extractions
Major Services
Oral Surgery (incl. surgical extractions)
Periodontics
Endodontics
Inlays/Onlays/Crowns
Dentures and Removable Prosthetics
Fixed Partial Dentures (Bridges)
Deductible
Deductible applies to Prev. & Diag.
Annual Max
Waiting Period
Out of Network Basis

In Network	Out of Network
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
80%	80%
80%	80%
80%	80%
50%	50%
50%	50%
50%	50%
50%	50%
50%	50%
50%	50%
\$50/\$150	\$50/\$150
No	No
\$1,200	\$1,200
None	None
UCR 90th	



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